

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

7/11

07-16-2003 90042 003 ***150.00

DOCUMENT # S19135

1. Entity Name
MASTER ASSEMBLY CORPORATION



Principal Place of Business
**5207 WILCOX RD
TAMPA FL 33624
US**

Mailing Address
**5207 WILCOX RD
TAMPA FL 33624
US**

55053849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3039819**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTON, WAYNE KEITH
5207 WILCOX RD
TAMPA FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WALTON, WAYNE KEITH**
STREET ADDRESS **5207 WILCOX RD**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **T** ☒ Delete
NAME **BROWN, LARRY J**
STREET ADDRESS **5207 WILCOX ROAD**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **S** ☐ Delete
NAME **FINAMORE, JAMES**
STREET ADDRESS **5207 WILCOX ROAD**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREAS.** ☐ Change ☒ Addition
NAME **SEAN MARTIN**
STREET ADDRESS **5207 WILCOX ROAD**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03
Date

908-0005
Daytime Phone #

CR2E034 (4/03)

Attachment #
55053849
519135
Master Assembly Corporation
5207 Wilcox Road
Tampa, FL 33624
813-908-0005

To Whom it May Concern:

I am writing to have the late fee waived as our office did not receive the prior notice.

Thank you,

A handwritten signature in black ink, appearing to read "Wayne Walton", followed by a long horizontal line.

-Wayne Walton
president